



COMPLAINT FORM

You must have complained to the financial services provider before you submit this form to the Office of the Arbiter for Financial Services ("the Office"). This is an important document for the handling of your complaint. Please ensure the Form is filled in correctly before forwarding to the Office.

SECTION A1 YOUR DETAILS

COMPLAINANT 1

Title, Name & Surname

ID /Passport No.

Address for
correspondence
(include postcode)

Mobile Number

Telephone Number
(During daytime)

E-mail & Skype ID

Yes, the Office can exchange emails with me. No, the Office cannot use email to correspond with me.

Please confirm, by ticking the appropriate box, if you prefer to be contacted by email. The Office will use email for routine communication. Any personal documentation will be sent by post, but we may scan and send it to you by e-mail with your prior consent.

COMPLAINANT 2

Title, Name & Surname

ID /Passport No.

Address for
correspondence
(include postcode)

Mobile Number

Telephone Number
(During daytime)

E-mail & Skype ID

SECTION A2**IF YOU ARE COMPLAINING ON BEHALF OF A BUSINESS**

Business name

Registration Number (if applicable)

ARE YOU: Sole trader Limited Liability Company Partnership Other (please state)

If you ticked any of the above mentioned boxes please provide the Office with (a) most recent FS7 form clearly indicating the number of employees; and (b) audited accounts which confirm the annual turnover and/or annual balance sheet total for the financial year prior to which the complaint is made to the Office. The Office may request further information and/or clarification as required. If the business employs more than 10 persons and the annual turnover and/or annual balance sheet total exceed €2 million, the Office will not be able to examine your complaint.

SECTION B**IF YOU HAVE ASKED SOMEONE TO ASSIST YOU WITH YOUR COMPLAINT**

This section should only be filled if you have asked someone of your trust to assist you with your complaint. We would still send all future correspondence to you at the address provided in section A1/A2.

Title, Name and Surname

 Professional adviser Relative Other (please specify)Address for correspondence
(include postcode)

Mobile Number

Telephone Number
(During daytime)

E-mail

SECTION C**DETAILS OF THE FINANCIAL SERVICES PROVIDER YOU ARE COMPLAINING ABOUT**

This may be your bank, insurance company, life insurance company, fund management company, stockbroker, investment services licence holder or financial institution

Name of the Financial Services Provider in full

Name of the product and/or service you are complaining about in full

Account, policy or claim number, or other reference

Details of any person(s) who originally sold the product or service you are complaining about

Name(s)

Any other details you may have or remember (e.g. contact number)

Has the financial services provider sent you its final decision on your complaint in writing?

YES

NO

If you have answered YES, please attach a copy of the complaint letter you sent the financial services provider as well as the reply you have received. The Office of the Arbiter for Financial Services would not be able to accept a complaint if the complainant fails to communicate the substance of the complaint to the financial services provider concerned and has not given that financial services provider a reasonable opportunity to deal with the complaint prior to filing a complaint with the Arbiter.

In regard to the conduct being complained of, is it currently or has it been the subject of a law suit before a court or tribunal initiated by the same complainant (or complainants) on the same subject matter?

YES

NO

SECTION D YOUR COMPLAINT

Please respond in detail to all parts in this section

Describe the complaint in your own words.

If you need more space, use a different sheet and attach to this form.

Describe clearly the reason or reasons why your financial services provider has let you down?

If you need more space, use a different sheet and attach to this form.

How would you like the Financial Services Provider you are complaining about to put the matter right for you?

If you are seeking payment of a sum, please provide any relevant calculations. If you need more space, use a different sheet.

The Office of the Arbiter for Financial Services will treat all information submitted in accordance with the Data Protection Act.

I/We would like the Office of the Arbiter for Financial Services to consider my/our complaint. I/We understand and confirm that:

- I/We have read and understood the way the Office of the Arbiter for Financial Services operates;
- The Office of the Arbiter for Financial Services has my full and unconditional authorisation to contact the financial services provider, as well as request and exchange information and any documentation which may be relevant to my complaint;
- You will need to handle personal details about me/us, which could include sensitive information (for example, about health matters), in order to deal with my/or complaint;
- The Office of the Arbiter for Financial Services may also need to exchange information about my complaint with other persons or organisations in connection with my complaint, if it deems appropriate to do so. In this respect, I/we am/are extending my/our full consent to the Office to contact such other persons or organisations, and for such persons or organisations to disclose whatever information is required in respect of my/our complaint;
- The Office of the Arbiter for Financial Services may use the facts in my/our complaint as an example of where things can go wrong, but it will always respect my/our privacy and keep my/our personal information strictly confidential except as authorised above or as permitted by law; and
- I/we hereby certify and confirm that to the best of my/our knowledge, the information furnished above is true, accurate, correct and complete.

Complainants are requested to sign here.

Name of Complainant 1 /
Authorised signatory of the business

Signature

Date

Name of Complainant 2 /
Authorised signatory of the business

Signature

Date

Finally, have you ...

• Included everything you want to tell us about your complaint? • Enclosed a copy of your complaint letter to, and the final response letter from, the provider? • Enclosed copies of relevant documents?

Mail to

Office of the Arbiter for Financial Services, First floor, St Calcedonius Square Floriana FRN1530 Malta

Finally...

The Office of the Arbiter for Financial Services will not be able to start reviewing your complaint if the payment of the case fee (€25) has not been made.